Approved For Release 2004/02/04 : CIA-RDP85-00988R000600120015-8

TAB

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## ATTACHMENT 6

## FULL-TIME OSH PROFESSIONALS

Directions: Complete this form for each full-time professional at both the headquarters and field levels indicated on Attachment 4. The professionals should be in the job series GS 803, 018, 019, 690, 804, and 081. Include agency and sub-agency identification in the work address.

NAME	CLASSIFIED			
TITLE				
JOB SERIES		GRADE LEVEL		
WORK ADDRESS		-		
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Additional configuration of the configuration of th				· Mary
TELEPHONE		(COMMERCIAL)  (FTS OR OTHER)		